



# Oregon

John A. Kitzhaber, MD, Governor

Oregon Board of Chiropractic Examiners

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## **PUBLIC SESSION MEETING**

Tele-Conference Call

Public Access: Morrow Crane Building

Salem, Oregon 97302

April 19, 2012

### **Members Present**

Ann Goldeen DC, President

Daniel Cote DC, Vice-President

Douglas Dick, Secretary, Public Member

Huma Pierce DC

Christine Robinson DC

Todd Bilby DC

Cookie Parker-Kent, Public Member, absent

### **Staff Present**

Dave McTeague, Executive Director

Kelly Beringer, Admin Asst

Tom Rozinski, Investigator

Lori Lindley, Assistant AG

**ADOPTION OF THE AGENDA** – Adopted as is

**PUBLIC COMMENTS** - None

### **IN THE MATTERS OF**

#### **Case #2012-3007 Mark Betsill DC**

The Board proposed a \$250 civil penalty for advertising violations in relation to fee-splitting. Doug Dick moved to accept the determination; Daniel Coté seconded the motion. All in favor. Huma Pierce, aye; Todd Bilby, aye; Christine Robinson, aye; Ann Goldeen, aye; Douglas Dick, aye; and Daniel Cote, aye.

#### **Case #2012-5003 Andrew Cha DC**

The Board proposed to suspend the license for six months with a two year probation, Affiliated Monitors mentoring, and successful completion of NBCE's Ethics and Boundary Exam. The exam must be taken and passed prior to returning to practice. Todd Bilby moved to accept the determination; Huma Pierce seconded the motion. All in favor. Doug Dick, aye; Chris Robinson, aye; Daniel Cote, aye; Todd Bilby, aye; Huma Pierce, aye and Ann Goldeen, aye.

**Case #2012-1002** The Board found no statutory violation. Chris Robinson moved to accept the determination; Ann Goldeen seconded the motion. All in favor. Daniel Cote, aye; Doug Dick, aye; Todd Bilby, aye; Huma Pierce, aye; Chris Robinson, aye and Ann Goldeen, aye.

**Case #2012-1015** The Board found no statutory violation. Ann Goldeen moved to accept the determination; Daniel Cote seconded the motion. All in favor. Doug Dick, aye; Todd Bilby, aye; Huma Pierce, aye; Chris Robinson, aye; Daniel Cote, aye; and Ann Goldeen, aye. All in favor

**Case #2012-1012** The Board found no statutory violation with a letter of concern. Huma Pierce moved to accept the determination; Christine Robinson seconded the motion. All in favor. Doug Dick, aye; Todd Bilby, aye; Huma Pierce, aye; Chris Robinson, aye; Daniel Cote, aye; and Ann Goldeen, aye. All in favor.



**Case #2012-5009** The Board found no statutory violation with a letter of concern. Ann Goldeen moved to accept the determination; Daniel Cote seconded the motion. Doug Dick, aye; Todd Bilby, aye; Chris Robinson, aye; Daniel Cote, aye; and Ann Goldeen, aye. Huma Pierce was recused.

**Case #2012-5002 James Warner DC**

The Board proposed to issue a Notice to Suspend the doctors license as is required by law for failure to pay taxes. Daniel Cote moved to accept the Board's determination; Huma Pierce seconded the motion. All in favor. Doug Dick, aye; Todd Bilby, aye; Chris Robinson, aye; Ann Goldeen, aye; Huma Pierce, aye and Daniel Cote, aye.

**Case #2012-5006** The Board determined to withdraw an earlier proposed Notice to Deny Licensure. Daniel Cote moved to accept the determination; Huma Pierce seconded the motion. All in favor. Doug Dick, aye; Ann Goldeen, aye; Huma Pierce, aye; Todd Bilby, aye; Chris Robinson, aye; and Daniel Cote, aye.

**DISCUSSION ITEMS**

**1. Continuing Education outline for 2013 record keeping requirement**

Dr. Bilby provided Tom Necela's proposed outline for the record keeping as requested by the Board. Dr. Goldeen prefers that a sample of charts be included in the class, and not be sent to the Board. It appears that this could become a four (4) to six (6) hour CE course, with one of the six hours attributed to the evaluation of the charts (or an online test). Dr. Goldeen recommends six hours every two years until we start to see a reduction in documentation complaints.

Change the draft to read under Course Objectives that a sample is to be submitted to the instructor (not OBCE). One of the six hours is applied to the practice chart and evaluation. Add timed vs non-timed services in #2 . Dave will add that the requirement is six hours. Also, the board agreed to add a statement that the Board will revisit the requirement in 2015 to see if revisions (such as a reduction in hours) are necessary. A final draft version will be reviewed and adopted at the May board meeting.

*Doug Dick and Christine Robinson have disconnected from the conference.*

**2. Groupon/Sprig Health/Fee Splitting Issues**

The Board determined that the Groupon-like, Sprig Health contract and \$15 processing fee per patient is fee splitting and violates the administrative rule. Daniel Cote moved to accept the determination; Todd Bilby seconded the motion. Ann Goldeen, aye; Todd Bilby, aye; Daniel Cote, aye; and Huma Pierce, aye.

Dave said we will send an update to the profession and update our web page announcement, re: fee-splitting and Groupon type advertising. He said with the new flat fee contracts offered by Groupon and Living Social, we can't automatically assume that the fee-splitting rule is being violated.

**Added Discussion Item:** Daniel Cote moved to go into permanent rulemaking on the Prepaid Plans rule – to clarify termination clauses; Huma Pierce seconded the motion. Todd Bilby, aye; Daniel Cote, aye; Ann Goldeen, aye; Huma Pierce, aye; and Ann Goldeen, aye. A future public hearing will be noticed and held on this issue.

**ADJOURN 11:50 AM**

## Draft Outline for OBCE Documentation Requirement Six Hours

### Course Objectives:

Practitioners will be able to create appropriate, detailed examples of daily encounter chart notes and a focal examination that meet the requirements of OAR 811-015-0005.

*OAR 811-015-0005 (1) It will be considered unprofessional conduct not to keep complete and accurate records on all patients, including but not limited to case histories, examinations, diagnostic and therapeutic services, treatment plan, instructions in home treatment and supplements, work status information and referral recommendations.*

*(a) Each patient shall have exclusive records which shall be sufficiently detailed and legible as to allow any other Chiropractic physician to understand the nature of that patients case and to be able to follow up with the care of that patient if necessary.*

*(b) Every page of chart notes will identify the patient by name, and the clinic of origin by name and address. Each entry will be identified by day, month, year, provider of service and author of the record.*

One hour of course time will be devoted to the ~~creation and~~ evaluation of the doctor's chart examples. Examples will be submitted to the ~~OBCE instructor and evaluated.~~ If the course is presented online, a comprehensive online examination must be completed. A random sampling may be audited.

### Course Content:

1. Creating clinical records that will allow another physician to understand the case:
  - a. History
  - b. Examination
  - c. SOAPs including current treatment plan, red flags, and treatment goals
  - d. Narrative reports
  - e. Any physician should be able to understand the records regardless of technique or practice focus
2. Utilizing accurate and appropriate CPT coding:
  - a. Attended vs. unattended modalities
  - b. Proper E/M coding
  - c. Timed vs. non-timed services
  - ~~e.d.~~ Familiarity with the CPT code set available to chiropractors
3. Creating accurate and reliable electronic health records (Quality control/ Reading & reviewing EHR's). EHR's should:
  - a. Demonstrate patient improvement over time or explain lack of improvement
  - b. Document subjective and objective findings in a manner that is clear and logical (Especially re: cut and paste findings that no longer apply to the current date of service)
  - c. Provide treatment plans that reflect changes in exam findings (also a cut and paste problem)
  - d. Correlate treatment plans and treatment frequency or explain discrepancies
  - e. Correlate exam findings and mechanisms of injury or provide an explanation as to why no correlation exists
  - f. Explain exam findings during treatment
  - g. Demonstrate unique chart notes and examination findings for each individual case